

12. COMMUNITY ALTERNATIVES PROGRAM FOR DISABLED ADULTS (CAP/DA)

This section describes Medicaid's coverage of services provided for CAP/DA participants. It tells you about:

- What CAP/DA Covers – See 12.1, page 12-2
- Who's Covered – See 12.2, page 12-5
- Limitations – See 12.3, page 12-5
- Who May Provide CAP/DA Services – See 12.4, page 12-6
- Getting a Service – See 12.5, page 12-7
- Coordinating Care – See 12.6, page 12-8
- Delivering and Supervising Care – See 12.7, page 12-8
- Changing Services – See 12.8, page 12-9
- Changing Provider Agencies – See 12.9, page 12-9
- Terminations – See 12.10, page 12-9
- CAP/DA Records – See 12.11, page 12-9
- Getting Paid – See 12.12, page 12-10

The material in this section is primarily directed to providers other than the local CAP/DA lead agencies. Information specific to the local lead agencies and the services which they provide is in the *CAP/DA Manual*.

At the end of the section are some of the questions often asked about CAP/DA and answers to those questions. See CAP/DA Q & A (page 12-13). A description of CAP is in Section 2.

Participants in CAP/DA are referred to as “clients” throughout this section.

12.1 What CAP/DA Covers

The services covered under CAP/DA include:

12.1.1 Adult Day Health Services

This is care in an Adult Day Health Care facility certified by the N.C. Division of Aging. It provides a structured program of activities and services with nursing supervision. Services must include health services and a variety of program activities designed to meet the individual needs and interests of the clients. Services also include referral to and assistance in using appropriate community resources, and nutritious meals and snacks appropriate to the program.

12.1.2 CAP/DA In-Home Aide Services

This service includes basic household tasks such as light housekeeping, laundry, meal preparation, essential shopping, simple household repairs and yard maintenance. It also includes personal care tasks such as assistance in eating, bathing, dressing and grooming. The services are provided at two levels – In-Home Aide Level II and In-Home Aide Level III – Personal Care.

- **In-Home Aide II** in CAP/DA includes the following home management and personal care tasks:

Home Management

- Assist in following prepared budget
- Assist to find and use community resources
- Perform reading and writing tasks
- Demonstrate and model housekeeping
- Assist in organizing household routines
- Plan menus using food guide
- Assist with developing a market order and shopping
- Demonstrate and model food handling, preparation and storage

Personal Care (The tasks with an asterisk (*) require the aide's demonstrated competency to be verified by a R.N.)

- Assist ambulatory client with mobility and toileting
- Provide care for normal, unbroken skin
- Assist with personal hygiene (mouth care, hair, and scalp grooming, fingernails and bathing: shower, tub, bed and basin)
- Cut and trim hair
- Provide basic first aid
- Shave client (electric and safety razor)
- Assist with applying ace bandages, TED's, binders as stipulated in the service plan, and under the direction of the client*
- Assist limited function patient with dressing
- Observe, record and report self-administered medications
- Assist with applying and removing prosthetic devices for stable clients as stipulated in the service plan, and under the direction of the client*
- Assist with feeding clients with special conditions (no swallowing difficulties)
- Assist and encourage physical activity an/or prescribed exercise
- Assist client with self-monitoring of temperature, pulse, blood pressure and weight as stipulated in the service plan, and under the direction of the client*

- **In-Home Aide Level III – Personal Care** includes the following personal care tasks. Aides performing any of these tasks must meet the NC Board of Nursing's competency requirements and be registered as a Nurse Aide I in the NC Nurse Aide Registry at the Division of Facility Services.
 - Assist with feeding clients with special conditions
 - Give bed bath
 - Make occupied bed
 - Assist with mobility, gait training using assistive devices
 - Assist with range of motion exercises
 - Assist limited function patient with dressing
 - Take and record temperature, pulse, respiration, blood pressure, height and weight
 - Observe, record and report self-administered medications
 - Apply and remove prosthetic devices for stable client
 - Apply ace bandages, TED's, binders
 - Assist with scalp care
 - Trim toenails for clients without diabetes or peripheral vascular disease
 - Empty and record drainage of catheter bag
 - Shave clients with skin disorders
 - Administer enemas
 - Insert rectal tubes and flatus bags
 - Bowel and bladder retraining
 - Collect and test urine or fecal specimens
 - Perineal care
 - Apply condom catheters
 - Chair and stretcher transfer
 - Turn and position
 - Safety measures (side rails, mitts, restraints)
 - Change non-sterile dressings
 - Force and restrict fluids
 - Apply prescribed heat and cold
 - Care for non-infected decubitus ulcers
 - Assist clients in understanding medical orders and routines, encourage compliance
 - Assist with purchase and preparation of diet food specified by professional
 - Vaginal douches after instruction
 - Assist with prescribed physical and occupational therapy
 - Plan menus for special diets
 - Monitor dietary treatment plan, provide feedback to professional

In addition to the Level III – Personal Care tasks, the Level III aide may:

- Perform Nurse Aide II tasks as part of this service when the tasks are performed according to NC Board of Nursing rules. Registration with the NC Nurse Aide Registry as a Nurse Aide II or special training of Nurse Aide I personnel with Board of Nursing approval is required. If you are considering providing any Nurse Aide II tasks, contact the Board of Nursing for guidance.
- Perform all Level II tasks.

In-Home Aide Level I is not covered as a separate service in CAP/DA. If In-Home Level II or In-Home Level III – Personal Care services are needed, the aide may do the following Level I tasks while in the home to provide the higher level services.

- Pay bills as directed by client
- Provide transportation for essential shopping

- Clean and care for clothing: ironing, simple mending, laundering
- Do basic housekeeping tasks: sweeping, vacuuming, dusting, mopping, dishes
- Make unoccupied bed
- Recognize and report changes in health and environment
- Identify medications for client
- Provide companionship and emotional support
- Prepare simple meals
- Shop for food from verbal or written instruction
- Observe and report symptoms of abuse, neglect, and illness to proper professional

CAUTIONS: *As you consider the tasks to be assigned to the aide, remember:*

- *You may not provide In-Home Aide Level I tasks as a separate service. The tasks are covered only when they are performed in conjunction with Level II or Level III – Personal Care services.*
- *Medical transportation, such as transporting a client to a physician's office, a clinic or a hospital is not paid under In-Home Aide Services. Also, an aide accompanying the client during such travel is not paid. Medicaid covers medical transportation through other sources.*
- *Aides may not administer medications – that is, decide which medication a client needs at a given time. The aide may follow instructions from a mentally competent client to assist the client in taking the medication, or can follow specific instructions from the primary caregiver in giving the client pre-measured medications.*

12.1.3 CAP/DA Waiver Supplies

CAP/DA waiver supplies include:

- Reusable incontinence undergarments, disposable liners for reusable incontinence undergarments and incontinence pads for personal undergarments.
- Nutritional supplements prescribed by a physician that are taken by mouth (such as “Enrich”, “Ensure” and similar supplements covered by Medicaid for tube feedings).
- Medication dispensing boxes. These are boxes with compartments that allow a RN to proportion medications for specific times and days so that the client can independently take the medications, or an individual can safely assist the client.

12.1.4 Case Management

Case management includes assessing the client for CAP/DA participation, planning care, and locating, obtaining, coordinating and monitoring social, habilitative and medical services as well as other services related to the purpose of the program. The case manager's responsibilities are in the *CAP/DA Manual*.

12.1.5 Home Mobility Aids

Home mobility aids are the following items provided to give the client mobility, safety and independence in his private residence. They are used to adapt the home environment to the client's specific disabilities.

- Wheelchair Ramps
- Safety Rails
- Grab Bars
- Non-skid Surfaces (rough surfaced strips of adhesive material that adhere to non-carpeted areas such as concrete, linoleum, wood, tile, porcelain, or fiberglass)

- Handheld Showers
- Widening of Doorways for Wheelchair Access

12.1.6 Preparation and Delivery of Meals

This service, often referred to as “Meals on Wheels,” provides for the preparation and delivery of one nutritious meal per day, including special diets, to the client’s home.

12.1.7 Respite Care

Respite care is temporary support to the client’s primary unpaid caregiver(s) by taking over the tasks of the caregiver(s) for a limited time. It may be used to meet a wide range of needs, including family emergencies; planned absences (such as vacations, hospitalizations or business trips); relief from the daily responsibility and stress of caring for a special needs person; or to provide time for the caregiver(s) to shop, run errands and perform other tasks. It may also be used to provide respite to the client from the primary caregiver(s). Respite is available as in-home respite, in which the respite worker goes into the client’s home; or as institutional respite in which the client goes into a facility that is licensed to provide the appropriate level of care.

12.1.8 Telephone Alert

This service pays for the monthly service charge or monthly rental charge for a system that uses phone lines to alert a central monitoring facility to medical emergencies and other situations that threaten the client’s safety and well-being.

NOTE: Medicaid does not cover the purchase and installation of equipment in the client’s home.

12.2 Who’s Covered

Whether a client is covered for a CAP/DA service depends on three factors:

12.2.1 The Type of Medicaid Coverage

A client must be covered under regular Medicaid coverage – that is, have a **BLUE** card.

12.2.2 Approval of CAP/DA Participation

A client’s CAP/DA participation must be approved according to CAP/DA procedures. A CAP/DA client has a **CI** or **CS** in the CAP block of the Medicaid ID card.

12.2.3 Approval of the Service in the Plan of Care

Each CAP/DA service, including its amount, duration and frequency, must be approved in the client’s CAP/DA Plan of Care.

12.3 Limitations

12.3.1 Prior Approval

Prior approval in the CAP/DA Plan of Care is required for each CAP/DA service provided to the client.

12.3.2 Amount of Service

The amount of service is limited to that which is approved in the CAP/DA Plan of Care. The individual service limits considered in approving the plan include:

- **Home Mobility Aids:** Up to \$1,500 is allowed for a State fiscal year (July – June).
- **Respite Care:** Respite care may not exceed 30 days (720 hours) in a State fiscal year.

12.3.3 Other Limitations

Medicaid payment is restricted in relation to the following services:

- **ALL CAP/DA Services:** You may not bill for a CAP/DA service furnished when a client is in an institution such as a hospital, nursing facility or ICF/MR. Local lead agencies should refer to the *CAP/DA Manual* for an exception for some case management activities.
- **CAP/DA In-Home Aide Services:** You may not bill for this service if it is provided on the same day that a client receives a substantially equivalent service such as regular Medicaid PCS. You may not bill for this service if it is provided at the same time of day as a home health aide visit.

12.4 Who May Provide CAP/DA Services

You may provide the CAP/DA services that are approved in your Medicaid participation agreement with DMA. See Section 18 for information on provider enrollment. The qualifications for each service follow.

NOTE: *CAP/DA lead agencies may provide medical supplies – the items on the Home Health supply list – to CAP/DA clients.*

12.4.1 Adult Day Health Services

Your center must be an Adult Day Health Care facility certified by the North Carolina Division of Aging.

12.4.2 CAP/DA In-Home Aide Services

Your agency must be licensed by the Division of Facility Services to provide in-home aide services. Aides must meet the competency requirements for the level of service they are required to perform. In addition, an aide performing any Level III – Personal Care task or any task deemed by the North Carolina Board of Nursing to require Nurse Aide I registration must be registered as a Nurse Aide I.

The aides must be supervised according to Home Care Licensure rules.

You may employ a spouse, parent, child or sibling of the client to provide this service only if the person:

- Is at least 18 years of age;
- Meets the aide qualifications; and
- Gives up employment or the opportunity for employment in order to perform the service.

This restriction applies only to a spouse, parent, child or sibling of the client. You may employ other relatives who meet aide qualifications without regard to giving up employment or the opportunity for employment.

12.4.3 CAP/DA Waiver Supplies

This service is provided through the local lead agency. The supplies must be considered by the case manager to be sufficient quality in order to be provided for the intended use.

12.4.4 Case Management

Case management is provided through the local lead agency. Requirements for the service are in the *CAP/DA Manual*.

12.4.5 Home Mobility Aids

This service is provided through the local lead agency. Requirements for the service are in the *CAP/DA Manual*.

12.4.6 Preparation and Delivery of Meals

Your agency/organization must meet the requirements for this service as set by the North Carolina Division of Aging or North Carolina Division of Social Services.

12.4.7 Respite Care

The qualifications depend on the type of respite.

- **In-Home Respite:** Your agency must meet the same requirements as those listed for CAP/DA In-Home Aide Service. See 12.4.2.
- **Institutional Respite:** This service is provided in a facility licensed to provide the level of care required by the client. For example, a client who requires skilled nursing facility care must be placed in a facility licensed to provide that level of care.

12.4.8 Telephone Alert

Your agency must be recognized by the local CAP/DA lead agency as having the capability to provide efficient, reliable monitoring service, 24 hours per day, seven days per week.

12.5 Getting a Service

An individual applies for CAP/DA at the local CAP/DA lead agency. If the client is approved to participate, the CAP/DA case manager gets approval for the client's CAP/DA services and arranges for their provision. The following outlines the basic steps to get a CAP/DA service from your agency. The steps are in the order that they are usually accomplished.

CAUTION: CAP/DA case managers may authorize only CAP/DA services – they have no authority to order or approve other Medicaid services.

Step 1 Receive Service Authorization

The CAP/DA case manager sends you a written authorization that includes:

- The client's name (as it appears in the Medicaid ID card), Medicaid ID number, address and phone number.
- The name, address and phone number of the responsible party, if other than the client.
- The name and phone number of the case manager
- Each service to be provided, when it is to be provided, where it is to be provided and its expected duration.
- The payment for each service. You bill your usual and customary charges for CAP/DA In-Home Aide Services, Respite Care and Adult Day Health Care. If your usual charge exceeds the Medicaid maximum, your usual charge should be shown as well as the amount that Medicaid will pay.

When you are expected to work on goals and objectives, this information either accompanies the authorization or the authorization states how you will obtain the information.

Step 2 Verify Medicaid Eligibility

Check to see that the client has a **BLUE** Medicaid ID card with a **CI** or **CS** in the CAP block in the upper left corner. See Section 3 for a sample Medicaid ID card. Contact the CAP/DA case manager if the card is not blue, or if a **CI** or **CS** is not in the CAP block.

REMEMBER: Check all of the other information on the card – such as eligibility dates, insurance information and other important items noted in Section 3.

Step 3 Consider Appropriateness

The case manager's authorization is based on a thorough assessment of the client's needs. You do not have to repeat that process, but you should review the information about the client and the client's situation to ensure that the service appears appropriate and that you can provide the ordered service.

Step 4 Resolve Questions and Concerns

If you have incomplete information or your review raises questions, contact the CAP/DA case manager about your concerns before proceeding.

12.6 Coordinating Care

The CAP/DA case manager is primarily responsible for coordinating services. You need to ensure the best care for the client while avoiding duplication or overlap. When you observe potential problems or conflicts, contact the CAP/DA case manager.

12.7 Delivering and Supervising Care

Provide the service as it is ordered by the CAP/DA case manager. Be sure that the service is provided and supervised according to applicable laws, regulations and professional practices.

12.8 Changing Services

Contact the client's CAP/DA case manager when a service needs to be changed.

- **Rescheduling a Service:** Follow the procedures given to you by the CAP/DA case manager when a service must be rescheduled.
- **Changing the Amount, Duration or Frequency of a Service:** When you believe that a change is needed in how much of a service is provided, how long it is provided, or how often it is provided, contact the CAP/DA case manager. The case manager has to follow CAP/DA policies and procedures regarding changes in services.

12.9 Changing Provider Agencies

A change of providers may occur due to the client exercising his freedom of choice of providers, the inability of the provider to continue care, or for other reasons. Contact the CAP/DA case manager to initiate a change.

12.10 Terminations

The CAP/DA case manager coordinates the termination of a CAP/DA service, as well as the termination of program participation. The case manager will notify you in writing if a service is to be stopped. If you need to stop a service, contact the case manager.

12.11 CAP/DA Records

The following provides instructions specific to CAP/DA. These are in addition to the record keeping responsibilities in Section 4. You must document the provision of a service before seeking Medicaid payment. Your records must provide an audit trail for services billed to Medicaid.

Documentation requirements differ according to the service. You must also keep related personnel, financial and other management records as required by the Medicaid Provider Participation Agreement, Medicaid rules, and State and Federal laws.

REMEMBER: *This section includes Medicaid's minimum requirements for client records and related information. Nothing in this section relieves a provider from the rules and requirements of other entities.*

All records must contain the client's name and MID as on the Medicaid ID card. Keep:

- Service authorizations from the CAP/DA case manager, including any amendments to those authorizations, and related correspondence.
- Copies of claims submitted to Medicaid and third party payers, as well as related correspondence.
- Service documentation that shows:
 - What service was provided;
 - Where the service was provided; and
 - The following information specific to the service:

Adult Day Health Care: Attendance records of the Adult Day Health Center. Other records in the center must be available to document participation in the program and the care received.

CAP/DA In-Home Aide Services: Time logs kept in either weekly or daily formats for each aide that provides services. After providing a service, the aide enters the date of service, the time the service begins, the time it ends and the tasks performed. The aide signs and dates the log to certify that he worked the time and dates listed, and performed the indicated tasks. The client/responsible party must sign the log to certify that the tasks were performed satisfactorily and that the time and dates are correct. See Illustration 6-5 in Section 6 for a sample log.

Preparation and Delivery of Meals: The dates and times that the meals were delivered to the client's home.

Respite: The dates and times that the care was provided, where it was provided and who provided the care.

Telephone Alert: Records that document the dates the service was provided.

The CAP/DA lead agency also maintains records according to the *CAP/DA Manual*.

12.12 Getting Paid

The instructions for filing claims are in Section 14. Keep the following in mind for CAP/DA claims.

NOTE: *CAP/DA lead agencies refer to the CAP/DA Manual for billing instructions for their services.*

12.12.1 What May Be Billed

You may bill Medicaid for the following services up to the amount ordered by the CAP/DA case manager, approved on the client's CAP/DA Plan of Care, and provided according to Medicaid policies and procedures.

CAUTION: *Medicaid is responsible for paying for a service as it is approved on the client's CAP/DA Plan of Care. If a CAP/DA case manager orders something not approved on the plan, payment is resolved between the local CAP/DA lead agency and the provider agency.*

- **Adult Day Health Service:** Bill the days that the client received Adult Day Health Services at the Adult Day Health Care facility. If the client attended only part of the day and your center has a partial day rate, bill that rate.
- **CAP/DA In-Home Aide Services:** Bill for the number of 15-minute units per day provided to the client. Bill separately for Level II and Level III-Personal Care Services.
- **Preparation and Delivery of Meals:** Bill for each meal delivered.
- **Respite Care – In-Home:** Bill for the number of 15-minute units per day that you provided respite to the client.
- **Respite Care – Institutional:** Bill the calendar days that you facility provided respite care to the client.
- **Telephone Alert:** Bill the monthly rental/service charge for each month the client receives the service.

For services billed in 15-minute units, a full 15 minutes of service is expected to be provided for each unit billed. Sometimes, it will not be possible to complete a service exactly in a 15-minute period. At those times, convert time to units as follows:

Step 1 Total the amount of time spent providing the service during the day;

Step 2 Divide the total by 15 to get the number of full units; and

Step 3 Add an additional unit if the remainder is eight minutes or more.

REMEMBER: You may not bill for the time spent traveling to and from a client. This is an overhead cost of providing the service that may be included in your rate.

12.12.2 Unit of Service

- **Adult Day Health Service:** The unit is a **DAY**.
- **CAP/DA In-Home Aide Services:** The unit is **15 minutes**.
- **Preparation and Delivery of Meals:** The unit is **1**.
- **Respite Care – In-Home:** The unit is **15 minutes**.
- **Respite Care – Institutional:** The unit is a **DAY**.
- **Telephone Alert:** The unit is a **MONTH**.

12.12.3 Payment Rate

The maximum allowable rates are on the Medicaid fee schedule for CAP/DA.

- **Adult Day Health Service, CAP/DA In-Home Aide Services, Preparation and Delivery of Meals, Respite Care – In-Home and Telephone Alert:** Your payment is calculated based on the lower of your billed usual and customary charge, and the maximum allowable rate.
- **Respite Care – Institutional:** Your payment is calculated based on the least of your charge, your Medicaid rate, and the maximum allowable rate.

12.12.4 Claims Preparation

Prepare your claim on a HCFA-1500. See 14.7 for general instructions.

Use the following guidance for completing item 24 – the part where you list what you are billing. Item 24 has several lines for listing billed services. Each line is a “detail.”

24A. DATES OF SERVICE, FROM/ TO: Your entry depends upon the service.

Adult Day Health: Combine all consecutive days of service on one line. The FROM entry is the first date of service and the TO entry is the last consecutive date of service. If the service is provided for only a single day, list it on a separate line. Remember that when consecutive days are billed on a line, the units shown in **24G** must equal the number of days in **24A**.

CAP/DA In-Home Aide – Level II: Use a separate line for each day that the service is provided. Place the date of service in the FROM block. Enter the same date in the TO block.

CAP/DA In-Home Aide – Level III: Use a separate line for each day that the service is provided. Place the date of service in the FROM block. Enter the same date in the TO block.

Preparation and Delivery of Meals: Combine all consecutive days of service on one line. The FROM entry is the first date of service and the TO entry is the last consecutive date of service. If the service is provided for only a single day, list it on a separate line. Remember that when consecutive days are billed on a line, the units shown in **24G** must equal the number of day in **24A**.

Respite Care – In-Home: Use a separate line for each day that the service is provided. Place the date of service in the FROM block. Enter the same date in the TO block.

Respite Care – Institutional: Combine all consecutive days of service on one line. The FROM entry is the first date of service and the TO entry is the last consecutive date of service. If the service is provided for only a single day, list it on a separate line. Remember, when consecutive days are billed on a line, the units in **24G** must equal the number of days in **24A**.

Telephone Alert: Enter the LAST day of the month that the service is provided in the FROM block. Enter the same date in the TO block.

24B. PLACE OF SERVICE: Enter **12**.

24C. TYPE OF SERVICE: Enter **01**.

24D. PROCEDURES, SERVICES OR SUPPLIES: Enter the appropriate HCPCS code. Do NOT enter any information under MODIFIER.

Adult Day Health: **W8104**

CAP/DA In-Home Aide – Level II: **W8141**

CAP/DA In-Home Aide – Level III: **W8142**

Preparation and Delivery of Meals: **W8125**

Respite Care – In-Home: **W8116**

Respite Care – Institutional: **W8117**

Telephone Alert: **W8127**

24E. DIAGNOSIS CODE: Leave blank

24F. CHARGES: Enter the total charge for the services on the line.

Preparation and Delivery of Meals: The charges are your unit rate times the number of units billed on the line.

Services Measured by Units of 15 Minutes, Day or Month: The charges are your unit rate times the number of units billed on the line.

24G. DAYS OR UNITS: Enter the number of units billed on this line.

Preparation and Delivery of Meals: Enter the number of units (meals)

Services Measured by 15 Minutes Units or Day: Enter the number of 15-minute units or days as appropriate.

Telephone Alert: Enter **1**.

24H. EPSDT/FAMILY PLANNING: Leave blank.

24I. EMG: Leave blank.

24J. COB: Optional.

24K. RESERVED FOR LOCAL USE: Either enter the name of the service or leave blank.

12.12.5 Claim Submission

Send the paper claim or a printout of the electronic claim to the CAP/DA case manager for approval before sending it to EDS. The case manager will review the claim to see if it accurately reflects authorized services.

CAUTION: Do not send a paper or electronic claim to EDS before the case manager approves the claim. Claims submitted and paid before being approved by the case manager may be recouped.

- **Accurate Claims:** The case manager approves a paper claim by signing the bottom of the claim form. The case manager either returns the claim to you or sends it to EDS according to your agreement with the case manager. The case manager approves an electronic claim by signing the bottom of the printout and returning the printout to your agency.
- **Inaccurate Claims:** The case manager contacts your agency to resolve the discrepancy.

CAP/DA Q & A

The following includes some of the common questions asked about CAP/DA and the answers to those questions.

1. **Q.** The client's daughter has asked our agency to provide two additional hours of CAP/DA In-Home Aide Services for just one day so that she can work overtime at her job. May we provide the hours?
A. You need the case manager's approval before changing services. Ask the daughter to call the case manager to get approval. CAP/DA has procedures to make such changes.
2. **Q.** The client is improving and may no longer meet ICF criteria. I am reluctant to report this to the case manager as I am afraid the client will not get needed care without CAP. Are there alternatives?
A. You need to report the change to the case manager so that the client's current level of care may be determined. If the client is no longer eligible for CAP, there are other Medicaid services such as Home Health Services or PCS that may be able to provide needed care.
3. **Q.** A client has asked the In-Home Aide employed by our agency to take her to the doctor. May we take her and bill the time as CAP/DA In-Home Aide Services?
A. No. Either ask the client to contact the case manager about the problem or contact the case manager in the client's behalf. The case manager may help the client arrange transportation through the county DSS.
4. **Q.** One of the clients to whom we provide CAP/DA In-Home Aide Services is terminally ill. We are also a hospice and believe he may benefit from Hospice services. May a CAP/DA client also participate in Hospice?
A. It depends on whether Hospice will be paid by Medicare or Medicaid. A CAP/DA client usually may not receive Medicaid Hospice because the cost of Hospice causes the client's home care to exceed the CAP/DA limit. If Medicare will be the payer, your agency and the CAP case manager determine the patient's needs that are not included in the Hospice benefit. In addition to Case Management, a Medicare Hospice patient may be considered for the following CAP/DA services:

- Adult Day Health
- Telephone Alert
- Home Mobility Aids
- In-Home Respite (Hospice covers Institutional Respite)
- Preparation and Delivery of Meals
- Medication Dispensing Boxes and Oral Nutritional Supplements under CAP/DA Waiver Supplies (The other supplies are a Hospice responsibility)

The client also may receive CAP/DA In-Home Aide Services to the extent that they do not duplicate what the hospice agency is required to provide under hospice home health aide and homemaker services. The case manager follows instructions in the *CAP/DA Manual* to coordinate aide services with your agency.

REMEMBER: *CAP/DA cannot provide services that duplicate or replace the care that is the responsibility of the hospice agency.*

5. **Q.** We are providing Home Health skilled nursing visits to a CAP/DA client through our home health agency. We need to increase the number of visits. May the CAP/DA case manager authorize this change?
A. No. The case manager may authorize only the CAP/DA services in 12.1. Follow the instructions for Home Health Services in Section 5.
6. **Q.** Our agency is a Medicaid enrolled provider for CAP/DA In-Home Aide Services; however, we contract with another agency to staff the service. Must our agency be licensed? Must the contract agency be licensed?
A. Yes to both questions. If your agency is billing Medicaid for CAP/DA In-Home Aide Services, it must be a home care agency licensed for the provision of in-home aide services. Also, the agency staffing the service must be licensed.
7. **Q.** May the CAP/DA case manager select which agency provides CAP/DA In-Home Aide Services to CAP clients?
A. No. According to Federal regulations, a CAP client has the freedom of choice to select among enrolled Medicaid providers. This applies to CAP services as well as other Medicaid services, such as Durable Medical Equipment and Home Health Services. The case manager may assist the client in selecting an agency, such as telling the client which agency serves a part of the county, and may answer the client's questions, but may not attempt to restrict the client's choice.
8. **Q.** The CAP/DA case manager has requested that we use only Nurse Aide I's to provide CAP/DA In-Home Aide Services regardless of the client's needs. Are we required to provide NA I's to clients who do not need NA I services – that is, they need only In-Home Aide Level II services?
A. No. NA I's are not required for In-Home Aide Level II care. Such a requirement would be a qualification above the Medicaid qualification for the service.
9. **Q.** We have a client who requires only In-Home Aide II tasks. May we assign an NA I to the client?
A. Yes; however, you bill Medicaid for In-Home Aide Level II Services.
10. **Q.** We have a client who needs aide services five days per week, but it is not necessary to have Level III tasks completed every day. Should we assign a Level II aide on those days or assign a Level III aide for all the days? If we assign a Level III aide for all the days, do we bill for Level III for all of the days?
A. What you bill needs to match what is approved on the CAP/DA Plan of Care. You may arrange with the case manager to assign and bill for Level III services for all of the days or assign and bill for Level II services on the days when Level III services are not needed. As a practical matter, it is less confusing for the client and family, and provides better care to assign the same aide for all of the client's care. Also, this allows for a Level III task to be accomplished at any time that it is needed by the client.

REMEMBER: Plan and coordinate your actions with the case manager so that what you bill matches what is approved on the CAP/DA Plan of Care.

11. **Q.** A client's daughter, a Nurse Aide I, has asked to be employed as her mother's In-Home Aide. What considerations are involved in employing her?
 - A.** The daughter must be qualified and must give up employment or the opportunity for employment for you to consider hiring her – see 12.4.2 for details. If she meets the requirements in 12.4.5, you decide whether to hire her according to your hiring practices. Providers often decide not to hire family members because of problems with supervision.
12. **Q.** We have a client who requires In-Home Aide Level III-Personal Care tasks as well as some Level I home management tasks. May we send a Level I aide to do the Level I tasks?
 - A.** No. CAP/DA does not cover Level I tasks as a separate service. The Level I tasks should be done by the level III aide during her visits.
13. **Q.** The In-Home Aide is scheduled to be with the client from one to four in the afternoon. The client's daughter is taking the client to the doctor at three. May the aide remain at the client's home to complete home management tasks until four?
 - A.** Yes, if all parties are in agreement – the client, family, aide, and your agency – and there are sufficient assigned tasks to be completed by the aide in the client's absence.

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